

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ARIZONA GRASSROOTS ACTION PAC		FEC IDENTIFICATION NUMBER ▼ C C00558445	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Outlaw Media		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2016	
Mailing Address 1000 Wilson Blvd., Ste. 2600		Amount 1175.00	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.5411
Purpose of Expenditure IE-McCain-Media Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 23 / 2016
Name of Federal Candidate JOHN S MCCAIN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Outlaw Media		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2016	
Mailing Address 1000 Wilson Blvd., Ste. 2600		Amount 3000.00	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.5412
Purpose of Expenditure IE-McCain-Media Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 23 / 2016
Name of Federal Candidate JOHN S MCCAIN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4175.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Lisker

[Electronically Filed]

Date

 MM / DD / YYYY
 08 / 23 / 2016

Signature